

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Copeland Corporation

EPA ID NO: M101D 91815 7715 71313



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1997 Hazardous Waste Report

**FORM  
IC**

**IDENTIFICATION AND  
CERTIFICATION**

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>M101D 91815 7715 71313</u>		B. County Same as label <input type="checkbox"/> or → <u>Laclede</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>Copeland Corporation</u>		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>701 East Highway 32</u>			
F. City, town, village Same as label <input type="checkbox"/> or → <u>Lebanon</u>		G. State Same as label <input type="checkbox"/> or → <u>M10</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>65536-1152</u>

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)	
B. Number and street name of mailing address <u>P.O. Box 1152</u>	
C. City, town, village <u>Lebanon</u>	E. Zip Code <u>65536-1152</u>

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>Bair</u>	First name <u>Tim</u>	M.I. <u>L.</u>	B. Title <u>Environmental Coordinator</u>	C. Telephone Number <u>417 588-8618</u> Extension <u>    </u>
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**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name <u>Rose</u>	First name <u>Robert</u>	M.I. <u>R.</u>	B. Title <u>Director North America Scroll Operations</u>
C. Signature <u>Robert R. Rose</u>			D. Date of signature <u>02 18 98</u> Month Day Year



R00115848  
RCRA RECORDS CENTER

BY Tracy Kef  
ON ENT'D MAY 18 1998

EPA ID NO. M101D 91815 71715 71313**Sec. V** Generator status. Instructions begin on page 8.**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

**B. Reason for not generating**

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

**Sec. VI** On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**1**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

Comments:

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SITE NAME: Copeland Corporation

EPA ID NO: 11010191815171715171313



**U.S. ENVIRONMENTAL  
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1997 Hazardous Waste Report

**FORM  
GM**

**WASTE GENERATION  
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b> A. Waste description (page 12)					
Corrosive Spent Sodium Hydroxide From De-Rust Operations.					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
<u>D10102</u> <u>N/A</u>			<u>                    </u>		
<u>N/A</u> <u>N/A</u> <u>N/A</u>					
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
<u>3585</u>	<u>1</u> System Type <u>M</u>	<u>A103</u>	<u>3</u>	<u>B1109</u>	<u>2</u>

<b>Sec. II</b> A. Quantity generated in 1997 (page 15)	B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
<u>          107080          </u> <u>0</u>	Density <u>          </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)

<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
<u>M</u>	<u>                    </u>	<u>M</u>	<u>                    </u>

<b>Sec. III</b>	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)			
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	<u>11010191815171313</u>	<u>M121</u>	<u>1</u>	<u>          107080          </u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	<u>                    </u>	<u>M</u>	<u>          </u>	<u>                    </u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	<u>                    </u>	<u>M</u>	<u>          </u>	<u>                    </u>

Comments:



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SITE NAME: Copeland Corporation

EPA ID NO: 11101D 191815 171715 171313



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
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WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

**Sec. I** A. Waste description (page 12)

Toxic Spent Chromium Solution From Coatings Lab Test.

B. EPA hazardous waste code (page 12) D007 N/A  
N/A N/A N/A

C. State hazardous waste code (page 13)

                    

D. SIC code (page 13)  
3585

E. Origin code (page 13) 1  
System Type M

F. Source code (page 14) A94

G. Point of measurement (p. 14) 1

H. Form code (page 14) B003

I. RCRA-radioactive mixed (page 14) 2

**Sec. II** A. Quantity generated in 1997 (page 15)

                    1212.10

B. UOM (page 15) 1  
Density             
☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)

☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  
☐ 2 No (SKIP TO SEC. III)

**ON-SITE PROCESS SYSTEM 1**

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)

M                     

**ON-SITE PROCESS SYSTEM 2**

On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1997 (page 16)

M                     

**Sec. III** A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	<u>TXID 101515 11315 31818</u>	<u>M10711</u>	<u>1</u>	<u>                    1212.10</u>
Site 2	<u>                    </u>	<u>M</u>	<u>          </u>	<u>                    </u>
Site 3	<u>                    </u>	<u>M</u>	<u>          </u>	<u>                    </u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Copeland Corporation

EPA ID NO: 110101918151717151713131



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM  
GM

WASTE GENERATION  
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>		<b>A. Waste description (page 12)</b>			
		<u>Toxic Waste Mercury Contained in Spent Fluorescent Light Tubes.</u>			
<b>B. EPA hazardous waste code (page 12)</b>		<u>11010191</u> <u>11</u> <u>11</u> <u>11</u>		<b>C. State hazardous waste code (page 13)</b>	
<b>D. SIC code (page 13)</b>	<b>E. Origin code (page 13)</b>	<b>F. Source code (page 14)</b>	<b>G. Point of measurement (p. 14)</b>	<b>H. Form code (page 14)</b>	<b>I. RCRA-radioactive mixed (page 14)</b>
<u>3585</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1919</u>	<u>1</u>	<u>171011</u>	<u>12</u>
<b>Sec. II</b>		<b>A. Quantity generated in 1997 (page 15)</b>			
		<u>1655</u> <u>10</u>			
		<b>B. UOM (page 15)</b>			
		<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>			
		<b>C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)</b>			
		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)			
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>		
<b>On-site process system type (page 16)</b>		<b>Quantity treated, disposed, or recycled on site in 1997 (page 16)</b>		<b>On-site process system type (page 16)</b>	
<u>1</u> <u>1</u> <u>1</u> <u>1</u>		<u>1655</u> <u>10</u>		<u>1</u> <u>1</u> <u>1</u> <u>1</u>	
<b>Sec. III</b>		<b>A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)</b>			
		<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)			
<b>Site 1</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1997 (page 17)</b>	
	<u>110101918171361712116</u>	<u>11010191</u>	<u>1</u>	<u>1655</u> <u>10</u>	
<b>Site 2</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1997 (page 17)</b>	
	<u>110101918171361712116</u>	<u>11010191</u>	<u>1</u>	<u>1655</u> <u>10</u>	
<b>Site 3</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1997 (page 17)</b>	
	<u>110101918171361712116</u>	<u>11010191</u>	<u>1</u>	<u>1655</u> <u>10</u>	

Comments:

Section I; Box F: Replacement of Burned Out Fluorescent Light Tubes.

Section III; Box C: Mercury Vapor is Extracted From Fluorescent Light Tubes & Recycled.